

# EMS Training Course Application



\*All EMS course applicants must be 18 yrs old at the beginning of the course\*  
 \*EMT-I & Paramedic course applicants must have 1-year experience as an EMT prior to beginning of course\*  
 \*Applications MUST be received by DOH at least 2 weeks prior to the starting date\*

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**Certification Code**

1= First Responder  
 2= EMT-Basic  
 3= IV Technician  
 4= Airway Technician  
 5= IV/Airway Technician  
 6= ILS Technician  
 7= ILS/Airway Technician  
 8= Paramedic

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**Skill Code**

1= PASG  
 2= Automatic Defibrillation  
 3= Manual Defibrillation  
 4= IV Monitor/Maintenance  
 5= PTL/Combitube  
 6= Other \_\_\_\_\_

**Training Agency** \_\_\_\_\_

**Class Location** \_\_\_\_\_

**# Of Students** \_\_\_\_\_ **Starting Date** ☐☐☐-☐☐☐-☐☐☐ **Ending Date** ☐☐☐-☐☐☐☐

**Days of Week** \_\_\_\_\_ **Times** \_\_\_\_\_

## Senior EMS Instructor/Lead Instructor (provide one name only)

Name \_\_\_\_\_ EMS Registry # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

**SEI Candidate (if applicable)** Course must be EMT-Basic. SEI Candidate must possess DOH issued "Initial Recognition Application Procedures" and be identified as an instructor on the course schedule.

Name \_\_\_\_\_ EMS Registry # \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

## Training Physician

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

## Clinical/Field Rotation Training Provided at:

1. \_\_\_\_\_ 2. \_\_\_\_\_

## Course Approval Recommendation Signatures

**Training Agency Representative** \_\_\_\_\_  
 Printed Name Signature Date

**Local EMS Council Chair** \_\_\_\_\_  
 Printed Name Signature Date

**County Medical Program Director** \_\_\_\_\_  
 Printed Name Signature Date

## For DOH Use Only

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Approved

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Disapproved

Course Number

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ETRS Section \_\_\_\_\_

Signature

Date

**Enclosure Required:** All courses listed under **Certification Code** above require a Course Schedule.